

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

ITEM NO. DUE DATE

10/510193

ATTACHMENT

9/30/4 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2	1				1	
3	2				1	
4	2				1	
5	0				1	
6	0				1	
7	0				1	
8	0				1	
9	0				1	
10	0				1	
11	0				1	
12	0		11		1	
13	0		11		1	
14	0		11		1	
15	0		11		1	
16	0		11		1	
17	0		11		1	
18	0		11		1	
19	0		11		1	
20	1		11		1	
21	1		1		1	
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓	3	↓
TOTAL DEP.	21	←	99	←	18	←
TOTAL CLAIMS	23		101		21	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						